CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5238

FORM C/OH COVER SHEET PG 1

			5236				
The C/OH INSTRUCTION this form.	on Guide explai	ns how to complete	1 ACCOUNT# (Ethics Commissi	on filers)	2 Total pages file	d:	
3 CANDIDATE / OFFICEHOLDER	TITLE	FIRST		MI	OFFICE USE ONLY		 Y
NAME	Ms	DOLORES			Date Received		
	NICKNAME	ORTEGA CAR	ETSD	\$UFFIX	Data Received (1)	T 28	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #, CI	TY: STATE;	ZIP CODE			ا ا ا الا الو عمرية المراكا
Change of Address	Y.O.	BOX1748,	MISTIN /	x 78/27	Date Hand-delivered o	Date Postmari	ked
5 CAMPAIGN TREASURER	TITLE	FIRST	,	М1	, , , , , , , , , , , , , , , , , , ,		
NAMÉ	NICKNAME	LAST	5	SUFFIX	Receipt #	Amount	
	0	PTEGA MAP	T5P	}	Date Imaged		
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (N		4	STATE;	ZIP CODE	a	
	4103	GANYMEDE	Hus	T/W /	X 7812	7	
CAMPAIGN TREASURER PHONE	SID	835-7800)	EXTENSION				
REPORT TYPE	January 15	30th day before election	Runoff		15th day after carr	paign treasurer	
	July 15	8th day before election	Exceeded \$	500 limit	appointment (office Final report (Attach		
PERIOD COVERED	Month Day	Year THROUG	Month H	Day	Year		<u></u>
ELECTION	ELECTION DA' Month Day	TE ELECTION TYPE	10	000	2		
	11/05/	02 i Primary	Runoff	Ger	neral	Special	
OFFICE /	OFFICE HELD (If any)	<i>A</i>	12 OFFICE SOU	GHT (if known)	<u> </u>	···	
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaid exp Candidates are required	penditures are campaign expenditured to disclose this information only	ures made by others with they receive notification	nout the candidal	de's prior consent or al		<u></u>
	Name		<u>.</u>				
ļ-,	Address / PO Box; Apt .	Suite #; Crty, State; Zip C	ode				
additional pages		e e					
<u></u>						, , ,,,,,,	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)		office of political expenditures by political committees to support the candid the without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	late / officeholder. These expenditures es and officeholders are required to repor
OOMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	\$.	
	2. TOTAL (OTHER	\$	
EXPENDITURE TOTALS	3. TOTAL P	\$	
	4. TOTAL	\$	
OUTSTANDING LOAN TOTALS	5. TOTAL PE LAST DAY	\$	

RHONDA AMBROSE MY COMMISSION EXPIRES February 18, 2006

is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dolores Ortega Carter, this the 28th day

, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Notary Public Title of officer administering oath